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& TAAL	Application Number	10/627,910
TRANSMITTAL	Filing Date	July 25, 2003
FORM	First Named Inventor	James E. Staargaard
	Art Unit	1772
(to be used for all correspondence after initial filing)	Examiner Name	Patricia L. Nordmeyer
Total Number of Pages in This Submission	Attorney Docket Number	GVC.00001US

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	ENCLOSURES (Check all that apply)								
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Rem	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks Request for Continuing Examination; copy of Am No. 7583 [\$790 RCE Fee - \$450 Extension Fee]		mendme	nendment/Response filed June 7, 2005; Check			
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Firm N		SIGNA	TURE	OF APPLICANT, ATT	ORNEY, C	OR AG	ENT		
Firm N	ame	Warn Hoffmann Miller & L	aLone						
Signati	ure	Ph WH	ex						
Printed	Printed name RICHARD W. HOFFMANN								
Date September 9, 2005				Reg. No. 33,711			1		
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5, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Under the Paperw Reduction Act of on 12/08/2004. Complete if Known r_{Effe**tiv**} Fees pursuant to the Consolidated Appropriatons Act, 2005 (H.R. 4818) **Application Number** 10/627,910 TRANSMITTA Filing Date July 25, 2003 for FY 2005 First Named Inventor James E. Staargaard **Examiner Name** Patricia L. Nordmeyer Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1772 Attorney Docket No. **GVC.00001US** TOTAL AMOUNT OF PAYMENT (\$) \$1,240.00 METHOD OF PAYMENT (check all that apply) M Check ∐ None Other (please identify): Deposit Deposit Account Number: 50-1612 Deposit Account Name: Warn Hoffmann For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or any underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** FILING FEES SEARCH FEES **Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid(\$) 300 150 500 250 200 100 Utility 65 200 100 100 50 130 Design 300 150 160 80 200 100 Plant 600 300 300 150 500 250 Reissue 200 100 0 0 0 0 Provisional 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 25 50 200 100 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Extra Claims Fee Paid (\$) Fee (\$) Total Claims Fee (\$) - 20 or HP = \$0.00 \$50.00 Х HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) - 3 or HP = X \$200.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) **Extra Sheets** Number of each additional 50 or fraction thereof Fee (\$) Total Sheets - 100 = / 50 _____ (round up to a whole \$250.00 \$0.00 Fee Paid (\$) 4. OTHER FEE(S) Non-English specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Request for Continuing Examination \$790; Extension Fee 2 months \$450 \$1,240.00

SUBMITTED BY	•					
Signature	PU	W. HE	Registration No. (Attorney/Agent)	33,711	Telephone	248-364-4300
Name (Print/Type)		RICHARD V	Date	September 9, 2005		

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